



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

BAPTIST/ST. ANTHONY'S HEALTH SYSTEM
C/O P.O. BOX 1889
AMARILLO, TX 79109

Respondent Name

WAL MART ASSOCIATES INC

Carrier's Austin Representative Box

Box Number 53

MFDR Tracking Number

M4-11-2680-01

MFDR Date Received

April 7, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary from Table of Disputed Services: "Claimant provided health insurance information BlueCross-upon admittance then in November, 2010 claimant informed Provider that the charges need to be billed to his workers compensation carrier. On 12-06-10 Provider billed carrier (within 95 days of notice). By EOB dated 01/11/11 carrier denied. A request for reconsideration was filed and by EOB dated 03-17-11 the re-evaluation was denied. Provider requests payment pursuant to Labor Code Sec. 408.0272...Claimant initially provided erroneous insurance information. Preauthorization was sought from Blue Cross through no fault of Provider."

Amount in Dispute: \$2,489.60

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please see the attached claim note dated 12/14/2009, which notes the adjuster's communication made with Dr. Jaber's office. Dr. Jaber's office was aware that the claimant was covered under Workers' Compensation and should have sought preauthorization in accordance with TDI Rule 134.600, prior to treatment being rendered at Baptist St. Anthony's. Also, see the attached UB-04 box #78 noting Mouin Jaber as the attending physician."

Response Submitted by: Claims Management, Inc., P.O. Box 115114, Carrollton, TX 75011-5114

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 14, 2010 to May 11, 2010	G0283-GP, 97001-GP, 97010-GP, 97035-GP, 97110-GP, 97140-GP	\$2,489.60	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.

2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §134.203 sets out the medical fee guidelines for professional services rendered on or after March 1, 2008.
4. 28 Texas Administrative Code §134.600 sets out the guidelines for services requiring preauthorization.
5. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
6. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
7. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
8. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated January 11, 2010

- 29- The time limit for filing has expired.
- 97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- W1- Workers compensation state fee schedule adjustment
- 197-Payment denied/reduced for absence of preauthorization/authorization.
- 243-The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed.
- 5056-Preauthorization not obtained.
- 9077- Not timely filed.

Explanation of benefits dated March 17, 2011

- W3- Additional payment made on appeal/reconsideration.
- 1001- Based on the corrected billing and/or additional information/documentation now submitted by the provider, we are recommending further payment to be made for the above noted procedure code.
- 5078- supplemental payment.
- 1014- The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 5081-Reduction or denial of payment resulting after a reconsideration was completed.
- 193- Original payment decision is being maintained
- 97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 243-The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed.
- 5056-Preauthorization not obtained.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor submit documentation to support the disputed bills were submitted timely?
3. Is CPT code 97010 a bundled service per the NCCI edits?
4. Did the requestor obtain preauthorization prior to rendering services? Is the requestor entitled to reimbursement for services rendered?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." The respondent alleges that the requestor was aware that the disputed claim was for a workers' compensation claim. Although, the respondent submitted a copy of a conversation log with the health care provider's office, the conversation pre-dates the billed dates of service and is not specific to whom the respondent spoke with. Therefore, the Division finds this information to be inconclusive. Further review of the documentation submitted by the requestor includes a copy of a Blue Cross Blue Shield EOB confirming the bill was originally submitted to the injured employee's group health insurance. Therefore, Labor Code §408.0272 applies to the services in dispute. The healthcare provider was required to send the medical bills no later than 95 days after receiving notification that the services were filed erroneously per the same Texas Labor Code §408.0272 subsection (c) Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation

insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim. The requestor's letter of reconsideration dated 1/19/2011 to the insurance carrier documents that the injured worker came to their office on 12/6/10 and informed them; all of his care and treatment was related to a work injury that happened on 11/19/09. The requestor had 95 days after being notified on 12/6/10 by the injured worker to submit the bills to the correct workers' compensation insurance carrier.

2. Review of the documentation submitted by the requestor finds two bills with printed date 12/7/10, one is stamped "EOB attached" and two EOB's with received dated of 12/20/2010 and 3/7/2011.
3. The requestor billed CPT code 97010 (application of a modality to 1 or more areas; hot or cold packs) for dates of service 4/20/2010, 4/22/2010, 4/26/2010, 5/4/2010, 5/6/2010 and 5/11/2010. The carrier denied this code with reason code denial "97" and "243". Under 28 Texas Administrative Code §134.203(b)(1) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules. Per the NCCI edits, CPT code 97010 is always bundled into other services rendered on the same day. Therefore, the insurance carrier denial of reason codes "97" and "243" is supported and reimbursement to the requestor for this CPT code is not recommended.
4. In accordance with 28 Texas Administrative Code §134.600, physical therapy services require preauthorization. The requestor alleges that preauthorization was obtained from Blue Cross Blue Shield and although the requestor's documentation supports that they billed the correct carrier within 95 days after they were notified of their erroneous submission per Texas Labor Code §408.0272, no documentation was submitted to support preauthorization was obtained prior to rendering services in dispute. Therefore, reimbursement is not recommended. The requestor listed CPT code 97001 for date of service 4/14/2010 on the table of disputed services stating \$0.00 amount paid. The carrier's EOB dated 3/17/2011 supports that this code was paid upon reconsideration supporting codes "W3", "5078" and "1001". No additional payment is recommended for this code.

Conclusion

For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

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Signature	Medical Fee Dispute Resolution Officer	Date

07/27/2012

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.